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CONFIRMATION NO. 8054

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/457,771	<b>FILING OR 371(c) DATE</b> 12/09/1999 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1635	<b>ATTORNEY DOCKET NO.</b> 19720-0624
<b>APPLICANTS</b> R. MARTIN EMANUELE, ALPHARETTA, GA; KONSTANTIN G. KOUSOULAS, BATON ROUGE, LA; HAMEEDSULTHAN S. ALLAUDEEN, DURHAM, NC;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/104,088 06/24/1998 ABN which is a CIP of 08/926,297 09/05/1997 ABN which is a CON of 08/725,842 09/30/1996 ABN which is a CON of 08/138,271 10/15/1993 ABN				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 01/24/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> GA	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 16
Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 1		
<b>ADDRESS</b> 23594				
<b>TITLE</b> THERAPEUTIC DELIVERY COMPOSITIONS AND METHODS OF USE THEREOF				
<b>FILING FEE RECEIVED</b> 1018	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	